

TASK FORCE CHARTER FOR FEASIBILITY STUDIES & MASTER PLANS

1. **PURPOSE:** To ensure national conformity and consistent methodology in implementation of the Secretary of Veterans Affairs CARES Decisions, a contractor will be retained nationally to develop the options and recommendations for the realignments identified in Attachment 1. While the contractor will provide an objective set of options and a recommendation for implementing CARES Decisions, VA will ensure local participation in the process and allow for meaningful stakeholder input by developing locally-based task forces charged with working with the contractor to develop studies or plans and evaluating and making recommendations on the analysis completed by the contractor.

2. TASK FORCE OBJECTIVES:

Task Forces will be responsible for accomplishing the following objectives.

- A. Collaborate with the contractor to provide an executive perspective on CARES plans, realignment plans, facility mission and workload, facility clinical issues, environmental factors, VISN referral issues, significant cross VISN issues, and stakeholder concerns. VISN staff will be responsible for providing information in support of the contractor and the task force.
- B. In collaboration with the Contractor, develop and execute a stakeholder relations plan that will ensure that local stakeholders are informed of, and have an opportunity to provide input into, the implementation process.
- C. Evaluate the contractor provided options and recommendation. Solicit stakeholder input and make a recommendation on which Option to implement. If the Task Force agrees with the Contractor's option, a memo to that effect is required from the Chairman of the Task Force. If the Task Force recommendation does not agree with the Contractor's recommended option, the Task Force recommendation does not agree with the Contractor's recommended option, the task force will be required to justify its recommendation. Attachment 4, "Addendum to 04 Strategic Plan: CARES Implementation Plan: CARES Implementation Plan" is included as a draft sample format for this submission. Justifications will be submitted to the DUSHOM and will be reviewed by the DUSHOM and USH before being presented to the CARES Implementation Board for review.

3. TASK FORCE MEMBERSHIP:

- A. Each facility realignment study and Master Plan will have a Task Force of 5-10 members established to interact with the contractor, develop and execute a stakeholder relations strategic plan, and review and make recommendations regarding the implementation options provided by the contractor. Membership will include:

Chair - Network Director or Facility Director, not from the facility under review, within the Network (Boston and New York studies to have a non-VA health care executive as the Chair)

VA Members – Regional Counsel, adjacent VISN representative (if appropriate), facility top management and other appropriate VISN or facility staff and clinicians. The task force should include members with expertise in strategic planning, finance, clinical, and capital management.

Non-VA Members – Stakeholders will also be included in the membership. Stakeholders will include, but not be limited to, representatives from: Local government, Congressional interests, Affiliates, Veterans Services Organizations and Unions. The Network Management Assistance Councils (MAC) may serve this function.

Consultants – Other VACO and VHA consultants are also available as needed during the study/plan development to include, but not be limited to, 10N, Facilities Management, the VSSC, and the Office of Asset and Enterprise Management.

- B. Each VISN Network Director shall submit nominations for the Chair and Task force membership to the Office of Strategic Initiatives (10ND) in the Office of the Under Secretary for Health for Operations and Management (10N) no later than July 8, 2004. These nominations will be considered for official appointment by the CARES Implementation Board.

Type of Study / Plan	Description	Facilities	Required Board Actions	Due Dates
Type A - National Studies/Plans				
VRAH study	At completion of VRAH policy and guidance, analysis of clinical data against criteria to define the appropriate scope of practice and ensure that it meets quality standards. Will provide results to Networks for comments and implementation planning as part of the Strategic Plan submission in 2005	Altoona Erie Beckley Grand Junction Cheyenne Hot Springs Poplar Bluff	Approve National Policy, Approve general methodology and VRAH study PLUS cost studies	Policy due June 2004 Plans with Strat Plan in Feb 2005
Mental Health Strategic Plans	After completion of policy, projections and template (in progress), Networks to include plans for incorporating outcome as part of the 2005 Strategic Plan. Where plans involve neighboring Networks, team will include neighboring Network representation	National	Approve Plan mid-summer	With Strat Plan in Feb 2005
Long Term Care Strategic Plans	After completion of policy, projections and template (in progress), Networks to include plans for incorporating outcome as part of the 2005 Strategic Plan. Where plans involve neighboring Networks, team will include neighboring Network representation	National	Approve Plan	With Strat Plan in Feb 2005
SCI/BRC Plans	After bed and type of care validation is completed, include plans for incorporating outcome as part of the 2005 Strategic Plan. Where plans involve neighboring Networks, team will include neighboring Network representation	VISN 2, 3, 4 (Syra, Phil, Bronx, Castle Point, East Orange) Augusta - SCI Tampa - SCI Memphis - SCI Cleveland - SCI VISN 16 - SCI Denver - SCI Long Beach - SCI Minneapolis - SCI Biloxi - BRC Long Beach - BRC	Approve scope, approve team, review recommendations and approve study	With Strat Plan in Feb 2005
Historic Property Plan	Develop plan - identify all facilities & costs, develop strategy for unneeded/ underused space. Develop partnerships with historical societies for donation or disposal.	National	Approve Plan	Dec-04
National Clinical Contracting Study	Develop National Clinical Contract Strategy to leverage the healthcare community providing healthcare services to VA, developing standardized contract scope resulting in quality healthcare with quality based monitors and performance based objectives.	National	Approve scope, approve team, review recommendations and approve study	Nov-04
Type B - Feasibility Studies & Master Plans utilizing VA contractor				
Feasibility Study	Comprehensive study of the feasibility, cost-effectiveness and impact of realignment. Focus on modern state of the art facilities, access to care and quality of care and will result in recommendations based on an in-depth cost/business analysis outlined in the Secretary's Decision. VA will assign a contractor to conduct the study. VA will develop a local task force to oversee the study, conduct stakeholder outreach, review the study and make a recommendation to the CARES Implementation Board. Waco and Walla Walla will also include a Master Plan	Boston (Non-VA Chair) NY City (Non-VA Chair) CAVHCS Muskogee Louisville w/VBA Waco w/VBA Big Spring Walla Walla	Approve task force, approve study template, and review and approve task force recommendation	Due Dec 04
Master Plans	Using a National Contractor and local Task Force, develop a Master Plan to include the physical plant and the transfer of healthcare services (if appropriate). Plan will include strategies for managing the transition of care, ensuring no interruption of services and minimizing any impact on patients, employees and the community. Plan will include strategies for the appropriate size and location of the facilities, state of the art facilities, historical properties, environmental clean-up, opportunities for VBA/NCA collaborations, a cost effectiveness analysis and will pursue EU opportunities for vacant and underutilized space.	Pittsburgh Bracksville Gulfport Denver Montrose/Castle Point w/NCA Livermore Knoxville Canandaigua	Approve task force, approve methodology, and review and approve task force recommendation Approve task force, approve methodology, and review and approve task force recommendation	Due Sept 04 Due Dec 04
	Using a national contractor and local Task Force, develop a Master Plan (Master Plan is limited to options identified in the Secretary's decision) to include the physical plant. Plan will include strategies for the appropriate size and location of the facilities, state of the art facilities, historical properties, environmental clean-up, opportunities for VBA/NCA collaborations, a cost effectiveness analysis and will pursue EU opportunities, or other disposal methods for vacant and underutilized space.	St. Albans Perry Point Augusta Lexington (Leestown) Vancouver White City	Approve task force, approve methodology, and review and approve task force recommendation	

List of Studies and Plans Identified in the Secretary's Decision Document

Attachment 1

Type of Study / Plan	Description	Facilities	Required Board Actions	Due Dates
Type C - Plans for implementing decisions already made (No national Contractor)				
One-VA Studies -	Determine feasibility of collaboration and develop plans as appropriate for services requested	Columbia Minneapolis	Approve feasibility study	

SCOPE OF WORK FOR CONTRACTOR ON CARES STUDIES/PLANS

Draft

This is a draft document solely for the intent to provide preliminary information about the anticipated scope of work for studies and master plans. The general approach will be the development of specific data and standardized templates, which will be utilized for specific individual study activities

Scope of Work:

A Contractor will be retained nationally, with the Contracting Officer's Technical Representative in the Office of Strategic Initiatives to perform the Feasibility Plans and Master Plans. This will ensure objectivity and uniformity in the analysis.

Spagna for the Accessibility Studies: Working with the Task Force, develop a comprehensive

study, with at least 3 options for the feasibility, cost-effectiveness, highest and best use determination of property and impact of realignment. Focus will be on modern state of the

Objectives of the Analysis

The objectives of the studies and Master plans include:

evaluate 3 alternatives and identify the most appropriate means for the provision of quality, easily accessible care to veterans in the area, the most appropriate location and size of site for provision of care, options to effectively manage vacant and/or underutilized space or land including a detailed analysis to ensure

D. Develop a plan for soliciting and incorporating stakeholder comments.

- Operating costs: Determine how to enhance services while more effectively utilizing resources. Describe the impact on operating costs, savings, FTEE, etc. Maximize federal health care dollars through collaboration with other federal entities
 - Human resources: Describe plans for transitioning current employees to new location or positions.
 - Patient care issues and specialized programs: Describe any challenges or actions impacting patient care and special disability programs such as Alzheimer's, SCI, BRC, etc. Please include recommendations to resolve barriers to successfully rollout implementation plans.
 - Impact on Research and Academic Affairs: Describe any impact and the mitigation of any negative impact on Research and Academic Affairs
- G. Submit final report of options and recommended option to the Office of Strategic Initiatives (10N).
- H. Plot plans: Provide "before and after" plot plans of the campus, as shown in Exhibits A, B and C
- I. Demolition/Divestiture Plans: Provide a plot plan as shown in Exhibit D for building to be divested.
- J. Space Plan: Provide a space plan as shown in Exhibit E
- K. Capital Plans: Provide capital plans as shown in Exhibit F
- L. Timeline: Provide a timeline or Gant chart of all activities planned for the transition, including any capital plans

4. **AUTHORITY/LIMITATIONS:**

Options presented must be compliant with existing laws, VA regulations and requirements.

5. **REPORTING SCHEDULE:**

All deliverables will be submitted to the DUSHOM and presented to the CARES Implementation Board for review.

For the following Master Plans

Pittsburgh	Gulfport
Brecksville	Denver

Deliverable 1 – 3 weeks after award of contract - *Develop methodology, templates and plan for stakeholder solicitation and incorporation of stakeholder input for each individual study*

Deliverable 2 – August 20 – *Submit an interim report providing options being developed*

Deliverable 3- September 15 - *Final Report with Options, including timelines, capital plans, stakeholder feedback, etc.*

For the following Feasibility Studies:

Boston	CAVHCS-West	Waco	Louisville
New York City	Muskogee	Big Spring	Walla Walla

And the following Master Plans:

Montrose/Castle Point	Canandaigua	Augusta	White City
Livermore	St. Albans	Lexington (Leestown)	
Knoxville	Perry Point	Vancouver	

Deliverable 1 – 3 weeks after award of contract - *Develop methodology, templates and plan for stakeholder solicitation and incorporation of stakeholder input for each individual study*

Deliverable 2 – September 15 - *Submit an interim report providing options being developed*

Deliverable 3- December 15 - *Final Report with Options, including timelines, capital plans, stakeholder feedback, etc.*

Exhibit A, B or C
Space Site Plans

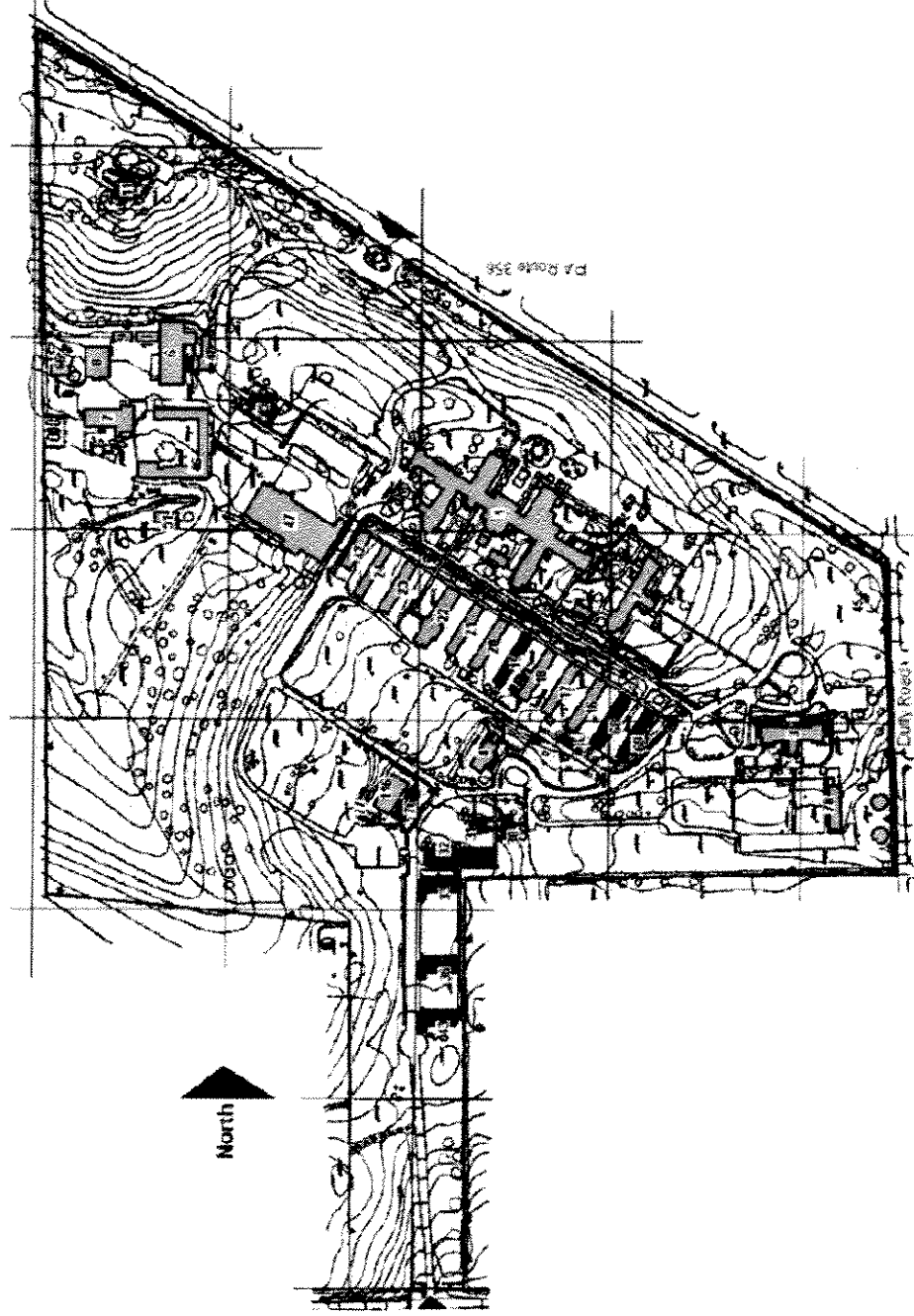


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Sample of Exhibit D

Demolition / Disposal Site Plan



VAMC Butler, PA

REV 01-22-04

Enhanced Use

Demolition

VA Use

Sample of Exhibit E

Space Summary

CARES SPACE SUMMARY & COSTS						
CARES Planning Category	Existing Space	Projected Space 2012	Projected Space 2022	Space Gap 2022 +/-	Estimated Capital Cost /	Remarks
Primary Care						
Specialty Care						
Mental Health						
Surgery						
Residential Rehab						
Domiciliary						
Medicine						
Psychiatry						
Ancillary/Diagnostics						
Blind Rehab						
Intermediate and NHCU						
Spinal Cord Injury						
Research						
Administrative						
Other (leased, enhance use, shared etc)						
Vacant						
FACILITY TOTALS						

Sample of Exhibit F

Capital Plan

Butler - NRM									
Parent Facility	NRM Category	2005	2006	2007	2008	2009	Sub Total by Category		
	Inpatient	\$149,500	\$171,925	\$395,427	\$454,741	\$522,952	\$1,694,545		
	Outpatient	\$747,500	\$859,625	\$395,427	\$682,112	\$1,045,905	\$3,730,569		
	Infrastructure	\$299,000	\$343,850	\$593,141	\$454,741	\$522,952	\$2,213,684		
	Seismic	\$0	\$0	\$0	\$0	\$0	\$0		
	Research	\$0	\$0	\$0	\$0	\$0	\$0		
	Other	\$299,000	\$343,850	\$593,141	\$682,112	\$522,952	\$2,441,055		
Total		\$1,495,000	\$1,719,250	\$1,977,136	\$2,273,706	\$2,614,761	\$10,079,853		

Butler - Minor									
ES st ario	Parent Facility	Project Category	Project Number	Project Title	Description	VISN Priority by FY	Budget Year Proposed	Estimated Cost	
6	Butler	All Other	VISN 4-Butler-2005-2	NHCU 2E	Renovate NHCU 2E		2005	\$3,600,000	
	Butler	All Other	VISN 4-Butler-2006-1	NHCU 3E	Renovate NHCU 3E	3	2006	\$3,600,000	
	Butler	All Other	VISN 4-Butler-2007-1	Expand Primary and Specialty Care Clinics	Renovate 2W	2	2007	\$3,500,000	
v	Butler	All Other	VISN 4-Butler-2007-2	Dom Renovation	Dom Renovation	9	2007	\$3,500,000	

Butler - Major

Project Number	Project Title	Description	VISN Priority by FY	Budget Year Proposed	Estimated Cost
4-1	100 Bed Trans Care Unit	New Major Nursing Home	2	2005	\$40,000,000

Butler - Enhanced Use

Net Useable Square Feet	Acres	List EUL partner	Planned Term of agreement (start and end dates)	VISN's annual projected Net Revenue	Quantified Anticipated benefit/cost avoidance, etc.
350,000	30	Butler Memorial Hospital	2004-2022	\$ 0	Free Erand Inpatient Service to VA
2,000	2	Butler County	2004-2022	\$ 0	730 BDOC free to VA plus revenue

Draft Document
ADDENDUM TO 2004 STRATEGIC PLAN (CARES IMPLEMENTATION PLAN)
FORMAT

Introduction:

The purpose of this document is to provide guidance on the required Feasibility Studies and Master Plans to be included as addendums to your FY2004 Strategic Plan. The addendums will incorporate the recommendations of the VACO contractor as to the

impact of realignment for select capital assets identified in the recent decisions published in the Secretary of Veterans Affairs CARES Decision Document. Where the specific task force is in agreement with the final recommendations of the contractor endorsement of that addendum will be sufficient. Where the Task Force disagrees with the Contractor's recommended option an additional addendum identifying the

III. Workload Summary: Complete the table below for the type of care to be transitioned for the period between FY 04 to full implementation date. Expand the table as needed for more years and more receiving facilities.

[illegible]

	Option 1	Option 2	Option 3	Option 4
Describe Option				
Access to Care				
Quality of Care				
Continuity of Care				
Physical Plant				
Impact on Stakeholders				
Capital requirements				
Costing				
Human Resources				
Patient Care Issues				
Impact on Research				
Impact on Education				

- Improving or maintaining access to care: Include the current access measurement and proposed along with the narrative if access is changed or remains the same/within VA standards.
- Quality of Care: Describe how the recommended option maintains/improves quality. Identify any program eliminated from the "area of study" or any programs added.
- Continuity of Care: Describe how VISN will ensure no interruption of services during transition.
- Physical condition of the receiving site and patient safety: Describe the plans for a state of the art facility to provide the care including long-term strategies to raise the facility condition. Include proposed timelines and plans for ensuring a safe